MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/581172

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2		/					52							
3		/		/			53							
4		/		/			54							
5		3		3			55							
6		3		3			56							
7		①		/			57							
8		①		/			58							
9		①		/			59							
10		①		/			60							
11		①		/			61							
12		①		/			62							
13		①		/			63							
14		①		/			64							
15		①		/			65							
16		①		/			66							
17		①		/			67							
18		①		/			68							
19		①		/			69							
20		①		/			70							
21		①		/			71							
22		①		/			72							
23		①		/			73							
24		①		/			74							
25		①		/			75							
26		①		/			76							
27		①		/			77							
28		①		/			78							
29		①		/			79							
30		①		/			80							
31		①		/			81							
32		①		/			82							
33		①		/			83							
34		①		/			84							
35		①		/			85							
36		①		/			86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/	I	/	I		I	TOTAL IND.		I		I		I